

MULTIPLE DEPEN.
FEE CALCULATION SHEET
(FOR USE WITH FG XTO-875)

CLAIM

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					51					
2			1					52					
3			1					53					
4			1					54					
5			1					55					
6			1					56					
7			1					57					
8			1					58					
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43			1					93					
44			1					94					
45			1					95					
46			1					96					
47			1					97					
48			1					98					
49			1					99					
50			1					100					
TOTAL IND.			2					TOTAL IND.					
TOTAL DEP.			16					TOTAL DEP.					
TOTAL CLAIMS			18					TOTAL CLAIMS					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT				AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.								TOTAL IND.						
TOTAL DEP.								TOTAL DEP.						
TOTAL CLAIMS								TOTAL CLAIMS						